

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25948

1. PLACE OF DEATH

County Clay Registration District No. 138
Township Fishing River Primary Registration District No. 8.711
City Excelsior Springs, Missouri Veterans Hospital

File No. _____
Registered No. 116
St. 3rd Ward) _____

2. FULL NAME BIBBS, Dave

(a) Residence, No. Veterans Adm. Facility, Excelsior Springs, 1204 Paseo, K. C. Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 30 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Gwendolyn Bibbs
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13 1891
7. AGE YEARS 40 MONTHS 4 DAYS 11 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

13. NAME William Bibbs

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

15. MAIDEN NAME Laura Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT Records, Veterans Hospital
(ADDRESS) Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City Mo. DATE Sept. 1, 1933

19. UNDERTAKER (ADDRESS) Hierbert Hope
2121 E. Main Street

20. FILED 8-31-33 J. D. Graham
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 31 1933

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1933, 19____, to August 31 1933, 19____.

I last saw him alive on August 31, 1933. Death is said to have occurred on the date stated above, at 7:50 AM.

The principal cause of death and related causes of importance were as follows:

Generalized arterio sclerosis Date of onset _____

Other contributory causes of importance:
Chronic nephritis (vascular type)
Atherosclerosis of aorta; Coronary Sclerosis; Chr. pericarditis (ob-literative type; Passive hyperemia
Name of operation of liver lungs spleen of _____
What test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? XX Date of injury _____, 19____

Where did injury occur? XX
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury XX

Nature of injury XX

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify unknown

(Signed) Garrett V. Johnson, M. D.

(Address) Clinical Director

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

